



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF OCCUPATIONAL THERAPY PRACTICE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

REQUEST FOR PRE-APPROVAL OF EDUCATIONAL ACTIVITY FOR CONTINUING EDUCATION CREDIT

LICENSEE INFORMATION – Complete this section only if a licensee is submitting the form.

Name: _____ Delaware License #: U____ - _____
Home address: _____
Daytime phone: _____ Email: _____

SPONSOR/PRESENTER INFORMATION – Licensee, sponsor, or provider giving course completes this section.

Sponsored By: _____
Contact Person: _____
Address: _____
Phone: _____ Email: _____

PROGRAM INFORMATION – Licensee, sponsor, or provider giving course completes this section.

Check type of activity:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Course | <input type="checkbox"/> Professional Meeting/Activity | <input type="checkbox"/> Publication | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Research/Grant | <input type="checkbox"/> Specialty Certification | <input type="checkbox"/> Fieldwork Supervision | |

Program Title: _____

Program Dates: _____

Is proof of completion provided? (i.e. Certificate) Yes ☐ No ☐

Total Contact Hours Requested: _____

Attach the following documentation:

- **Course objectives**
- **Presenter's credentials**
- **Detailed course schedule with start and end times, showing breaks and meal periods**

For information on acceptable CE, see Section 3.0 of the Board's [Rules and Regulations](http://www.dpr.delaware.gov) on www.dpr.delaware.gov. Note that no credit is given for:

- courses that relate to documentation or reimbursement and required as a part of your job
- courses not directly related to the practice of occupational therapy or direct patient care
- introduction of the program, breaks or meals.

DECISION (Board Use Only)

☐ Approved Total Contact Hours Approved: _____
☐ Denied Reason denied or tabled: _____
☐ Tabled _____

Authorized Signature: _____ Date: _____